



Dear Basic Health Applicant:

Thank you for your interest in Basic Health. Enclosed you will find:

- ✓ A Basic Health application with a return envelope.
- ✓ *Understanding Basic Health*, which lists information on benefits and coverage, as well as health plan phone numbers.
- ✓ *How Much Will Basic Health Coverage Cost?*, to help figure your monthly premium.
- ✓ *A Resource List for Basic Health*, with information on who to contact in your area for application assistance.

These forms are also available on our Web site at www.basichealth.hca.wa.gov.

Am I eligible for Basic Health?

You may be eligible for Basic Health if you:

- Live in Washington State;
- Are not eligible for free or purchased Medicare (the federal health program for people over age 65 or people who have been on social security disability for more than two years);
- Meet the income guidelines shown in the enclosed *How Much Will Basic Health Coverage Cost?* brochure. This brochure will also show you how much your coverage will cost.

Is there space available in Basic Health?

Basic Health can enroll only a limited number of people. Applications are processed on a first-come, first-served basis. If your application is incomplete or we reach our enrollment limit, your enrollment may be delayed. **Coverage is offered once you are determined eligible and space is available.** You will be notified if your coverage will be delayed. Please respond promptly to any requests for additional information; otherwise, you may be required to re-apply for Basic Health, causing further delay.

What is Basic Health *Plus* and what does it cover?

Basic Health *Plus* is a health care coverage program for children, jointly administered by Basic Health and the Department of Social and Health Services (DSHS). Basic Health *Plus* provides complete health care coverage for children from the same health plan that provides services for other family members in Basic Health.

- Basic Health *Plus* is a DSHS Medicaid program and is only for children of families who qualify for Basic Health. Children must be dependents under age 19 who are living in your home, and are U.S. citizens or legally admitted. DSHS will determine eligibility. A social security number is required for any children who are applying for Basic Health *Plus*. If you are applying for Basic Health *Plus* coverage only (no adults enrolling in Basic Health), please apply directly through your local DSHS Community Service Office.
- There are no copayments for services or prescriptions, and no waiting period for pre-existing conditions.
- Basic Health *Plus* includes Basic Health benefits, plus additional benefits such as dental, vision, speech and occupational therapy.

- If your children do not qualify for Basic Health *Plus* you can enroll them in Basic Health, as long as they are eligible. (If you want Basic Health for your children while their Basic Health *Plus* eligibility is being determined, you must check the box at the bottom of Section 4 of the Basic Health application.)

What is the Maternity Benefits Program?

Any eligible family member who is pregnant when she applies for Basic Health will be enrolled in and receive benefits through DSHS's Maternity Benefits Program, if eligible for that program.

Maternity Benefits Program coverage is free, and there are no copayments for services or prescriptions. Please see *Understanding Basic Health* for details.

What do I need to send with my application?

Along with your **signed and completed application**, including your health plan choice in Section 3, you need to provide documentation for the following:

- **Address** - Proof that you live in Washington State, showing your name and current street address. Proof can be a copy of:
 - Your recent utility bill
 - Washington State driver's license or I.D. card
 - Rent or mortgage receipt
 - Current school registration

Documents showing a post office box are not proof of your street address. If you live with a friend or relative, you will need to provide proof of your friend's/relative's street address and a signed statement from him or her that you are living in his or her home.
- **IRS form 1040** - Complete copy of your most recent federal income tax return (IRS form 1040 and all schedules). If you were not required to file a tax return for the most recently completed year, or do not have a copy, you must send a transcript of the IRS Form 1040 or verification of your non-filing status (such as Letter 1722) from the IRS by calling 1-800-829-1040.
- **Pay stubs** - Copies of pay stubs for the last 30 days for you and your spouse. Pay stubs need to include all of your income before deductions. See the *Family Income Worksheet* in the enclosed application for details.
- **Other income and benefits** - Written proof of all other income and benefits received by your family for the last 30 days. If you have work- or school-related child care expenses, you may be able to deduct up to \$650 per child from your total income/benefits. See the *Family Income Worksheet* in the enclosed application for details. Income and benefits may include, but are not limited to:
 - DSHS cash grants
 - Interest or dividends
 - Child support
 - Unemployment benefits
 - Royalties
 - Alimony
 - Labor and Industries (L&I)
 - Pensions
 - Payments in cash
 - Social security
- **Zero income** - If you or your spouse received no income or benefits in the last 30 days, complete and sign the statement on the *Family Income Worksheet* (page 4 of the enclosed BH Application).
- **Self employment** - If you or your spouse are self-employed or have rental income, send a copy of all business forms and schedules filed with the IRS. You must also send a copy of your Schedule(s) K-1 (if applicable).
You must complete the *Self-Employment or Rental Income Worksheet* portion of the application if you:
 - Did not file a federal tax return; **or**
 - Have been in business for less than 12 months; **or**
 - Are applying for coverage for yourself or a family member under Basic Health *Plus* or Maternity Benefits Program (complete information for the most recent 30 days). Complete Form B of the application.

If you have been in business for more than 12 months, but did not file a tax return, you must complete 12 months' worth of income on the worksheet.
- **Group or sponsor account** - If your employer or sponsor is paying part or all of your premium, return your completed application to your group representative (your sponsor or payroll officer). Do **not** send any money with your application.

Frequently Asked Questions

How should I report my income?

Report all gross (before taxes) family income and benefits from all sources. Include all income and benefits received in the most recent 30 days, by you and your spouse. Also include any benefits received by dependents, even if they're not enrolled in Basic Health. See Section 7 of the application for details. Basic Health will use your average income from the most recent tax year unless current income documentation shows your income has changed. After you're enrolled, you will be required to provide new income documentation at least once a year.

What if I'm already sick before my coverage starts?

Basic Health will not pay for treatment until your coverage begins. Also, you may have a waiting period for pre-existing conditions even after your Basic Health coverage begins. See *Understanding Basic Health* for details. (There are no waiting periods for pre-existing conditions for members of Basic Health *Plus* or Maternity Benefits Program. Also, when applying for these programs, you may request help with unpaid medical bills for the last three months by answering "yes" to the appropriate question in Section 3.)

I'm paid in cash. How do I report it?

Submit a signed, dated statement that shows your name, the date(s) you were paid, the gross amount you were paid, and the name of the company or person who paid you.

Who should I list as my dependents?

On the application, Section 4, list your unmarried children, who are:

- Under age 19, including your stepchildren, legally adopted children or other children for whom you have legal guardianship (you must provide documentation of legal guardianship); **or**
- Under age 19, enrolling for coverage, and in your custody under an informal guardianship agreement that is signed by the child's parent(s) and authorizes you to obtain medical care for the child (you must provide a copy of the guardianship agreement and proof that you are providing at least 50 percent of the child's support); **or**
- Under age 23 and a full-time student in an accredited school; **or**
- Any age and incapable of self-support due to disability (you must provide proof of disability and, if the disabled dependent is not your birth or adopted child, you must provide proof of legal guardianship).

Can I deduct my child care expenses from my income?

Yes, you can deduct at least some of your work- or school-related child care expenses (work- or school-related means the child spends time in child care so that the adults in the home can go to work or school). You must provide copies of your receipts that include the amount you paid, along with the child care provider's name, address, and phone number. If you are a student, send proof of enrollment from the school.

Are dental and vision covered under Basic Health?

Basic Health does not cover dental or vision services. Dental and vision services are available through DSHS for members enrolled in Basic Health *Plus* and the Maternity Benefits Program.

(continued on page 4)

Permission Form (Optional)

If you want someone else to be given information about your Basic Health account, or help with your application or future changes to your account, please complete, sign, and date this form. You can:

- Use the form now by attaching it to your application and returning it in the envelope provided; **or**
- Fill out and mail the form to Basic Health, P.O. Box 42683, Olympia, WA 98504-2683 at any time in the future.

The permission will be in effect until you leave Basic Health or tell us to cancel it.

This form will not be used for Basic Health *Plus* or the Maternity Benefits Program.

To: Basic Health

The person(s) named below are authorized to act as my or my family's representative in the preparation and submission of the Basic Health application and future changes to my Basic Health account.

The person(s) listed below may provide information necessary for processing my application, enrollment, and future changes to my Basic Health account.

I understand that by signing this form I have not authorized the release or sharing of my health information. This permission will continue as long as I am enrolled in Basic Health unless I notify Basic Health that it is cancelled.

Applicant's name (please print): _____

Applicant's social security number (voluntary)

(OR subscriber I.D. number, once assigned,

if different than social security number): _____

Name(s) of person(s)/representative(s)
given permission to access account:

**Relationship to applicant OR name of
organization** (list phone or fax number):

Must be signed by you and your spouse (if applicable)

X

Your signature

Social security number (voluntary)

Date

X

Spouse's signature

Social security number (voluntary)

Date

Signature of all children age 18 and over who receive Basic Health coverage

X

Signature

Social security number (voluntary)

Date

X

Signature

Social security number (voluntary)

Date

Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.



To obtain this or any of the enclosed documents in another format (such as Braille or audio),
call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.
TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701
or toll-free 1-888-923-5622.

Is one health plan better than another, and does a higher premium mean better coverage?

All health plans contracted with Basic Health provide the same benefits package; however, the premiums vary depending on which plan you choose. There may be different doctors, clinics, hospitals, and pharmacies with each plan. Also, there may be differences in the prescription drugs and the preventive care services the health plan will cover. The health plans' phone numbers and summary information are included in the enclosed *Understanding Basic Health* document.

Is there an annual deductible?

Each enrolled Basic Health member is responsible for paying the first \$150 of certain covered medical costs before the health plan pays its portion. The annual deductible has to be met every calendar year for each family member enrolled in Basic Health, even if you and your family members are only enrolled for part of the year. For a complete description of the annual deductible, copays, coinsurance, and out-of-pocket maximum, see the enclosed *Understanding Basic Health*. These cost-sharing amounts do not affect members enrolled in Basic Health *Plus* or the Maternity Benefits Program.

Helpful hints:

- List all family members on the application even if you do not want coverage for them.
- Family members **do not** include girlfriends or boyfriends living in your home. Refer to "Who should I list as my dependents?" on page 3.
- If you want Basic Health *Plus* coverage for a child listed on your application, and the other biological parent of that child is living with you, send proof of that parent's gross income for the last 30-day period. Please be sure to list this parent in Section 5 of the application.
- Use the checklist at the end of the application to make sure you have sent all necessary documentation with your application.
- Please include birth dates for everyone listed on the application. Also, social security numbers **are required** for children enrolling in Basic Health *Plus* and for women applying for the Maternity Benefits Program.

What happens after Basic Health receives my application?

We review applications on a first-come, first-served basis. If additional information or documentation is needed, you will receive a letter asking for this information. Please note that requests for additional information will delay your enrollment, so it's important to include all information when you send in your application. If you are found eligible for Basic Health and space is available, you will receive an offer of enrollment. Once enrolled, you will receive confirmation from Basic Health and your health plan. Your health plan will send your I.D. card and list of providers within the first 15 days of coverage.

If we delay your enrollment because we've reached enrollment limits, and you submitted payment for coverage when you applied, Basic Health will refund your payment.